

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/ID NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY STATE ZIP			CITY STATE ZIP			CITY STATE ZIP		
Sacramento			California			95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
6-Nov	6am	Sac > LA	222.30	6.00	10.00	18.00		173.60		45.00		0.00	474.90
7-Nov	4pm	LA > Sac		6.00	10.00		6.00	173.60				0.00	195.60
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SUBTOTALS			222.30	12.00	20.00	18.00	6.00	520.80	0.00	45.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL											652.50	584.10	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff for Georgetown Speech and ARRA Event; Staff for SBX 6 and 7 Bill Signing

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER 240781

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11/23/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE